RECEIVED CENTRAL FAX CENTER

NOV 0 4 2004

ZILKA·KOTAB

95 SOUTH MARKET ST., SUITE 420 **SAN JOSE, CA 95113**

TELEPHONE (408) 971-2573 FAX (408) 971-4660

Date:	November 4, 2004	_	Phon	e Number .	Fax Nu	mber '
To:	Examiner Almis R. Jankus		- ne ·		~(703) 87	2-9306
From:	Kevin J. Zilka	•	-	•••	-	-
ocket N	o.: NVIDP030A/P00915	-	•	App. No:	10/676,788	
otal Nui	nber of Pages Being Transmitted	d, Including	Cover Sheet	: 18-	• •	. 0
Message	:	•	_	. •		
Please	deliver to Examiner Jankus.		•	•		•
Thank	you, 1		_			
Kevin .	J. Zilka		r		·\$	

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone. (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.

IF YOU DO NOT RECEIVE ALL PAGES OR IF YOU ENCOUNTER ANY OTHER DIFFICULTY, PLEASE PHONE _____ Erica _____ AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

BEST AVAILABLE COPY

4 2004

PATENT

p. 2

AND TRADEMARK OFFICE.

Docket: NVIDP030A/P000915 = In re the application of: Donovan et al. Serial No.: 10/676,788 Filed: 09/30/03_x For: SYSTEM, METHOD AND ARTICLE OF MANUFACTURE FOR SHADOW MAPPING

Examiner: Jankus, Almis R-

Date: November 4, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents at facsimile number: (703), 872-9306 on November 4.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment and terminal disclaimer in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present <u>£xtra</u>	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	31 [*]	20	_11	X09 = S OR	X18 =	\$198
INDEP 'CLAIMS		03	03 .	X44 = \$ OR	X88 =	\$264
	endent Claim Pre	sent		\$0		\$0
and I ce Not P	reviously Paid	-	TOTAL	•	•	\$462.00

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension \boxtimes is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351. Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. \square If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, "please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NVIDP030A) copy of this sheet is enclosed for billing purposes.

> Respectfully submitted, Zilka-Kotab, PC

Kevin J. Zilka Registration No. 4

O. Box'721120 San Jose, CA 95172-1120 Telephone: (408) 971-2573

408-971 4660

PATENT

TES PATENT AND TRADEMARK OFFICE IN THE UNITED STA

Docket: NVIDP030A/P000915 In re the application of: Donovan et al. Art Unit: 2671 Serial No.: 10/676,788 Examiner: Jankus, Almis-R. Filed: 09/30/03 Date: November 4, 2004 For: SYSTEM, METHOD AND -ARTICLE OF MANUFACTURE FOR SHADOW MAPPING

CERTIFICATE OF FACSIMILE

l'hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents at facsimile number: (703),872-9306 on November 4,

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Claims

Sir:

Transmitted herewith is an amendment and terminal disclaimer in the above-identified application.

The fee has been calculated as shown below.

7101011	Remaining Alter Amendment	Highest Previously <u>Paid For</u>	Present Extra	SMALL ENTI RATE FEE	ry -	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	31 -	20	• 11	X09 = \$	OR ·	X18 =	\$198
INDEP CLAIMS		03	03	X44 = \$	OR	X88 =	\$264
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$ 0 · .			\$0
and rec Not	,		1'OTAL	\$	-	•	\$462.00

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351. Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NVIDP030A). A copy of this sheet is enclosed for billing purposes.

> Respectfully submitted Zilka-Kotáb. PC

Kevin J. Zilka

P.O. Box 721120

San Jose, CA 95172-1120

Telephone: (408) 971-2573

 \boxtimes

RECEIVED CENTRAL FAX CENTER

NOV 0 4 2004

PATENT

IN THE UNITED STATES PATENT	AND TRADEMARK OFFICE
In re the application of:	Docket: NVIDP030A/P000915
Donovan et al.	Art Unit: 2671
Serial No.: 10/676,788)	Examiner: Jankus, Almis R.
Filed: 09/30/03)	Date: November 4, 2004
For: SYSTEM, METHOD AND) ARTICLE OF MANUFACTURE) FOR SHADOW MAPPING)	

CERTIFICATE OF FACSIMILE

1 hereby certify that this correspondence is being facsimile transmitted to the Commissioner for-Patents at facsimile number: (703) 872-9306 on November 4, 2004.

Signad.

Erica L. Farlow

AMENDMENT A

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed 10/21/04, please enter the following regarding the above application.

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:
☐ BLACK BORDERS
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
☐ FADED TEXT OR DRAWING
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
☐ SKEWED/SLANTED IMAGES
☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
GRAY SCALE DOCUMENTS
☐ LINES OR MARKS ON ORIGINAL DOCUMENT
☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.